



# Camp California Camper Agreement

Our Philosophy:

A safe environment for children where they will make friends, learn new skills and gain a better appreciation for diversity. Focus will be on developing a cohesive cabin group and building a sense of cooperation to live and play together. We will always encourage involvement over competition while developing respect for others.

As a camper of the Camp California community, I agree to the following:

- I promise to keep a positive attitude
- I promise that I will try new activities
- I promise to speak English
- I promise to make lots of new friends
- I promise that I will talk to my counselors if I have a problem
- I promise that I will write to my parents at least twice
- I promise that I will shower and brush my teeth daily
- I promise that I will eat a well balanced meal, including fruits and vegetables
- I promise to respect the cultural differences among my fellow campers
- I promise to help with my cabin duties
- I understand that the use of tobacco products, alcohol or drugs of any kind are not permitted at camp and that they are grounds for being sent home
- I understand the reason for not bringing my mobile phone to camp is because it interrupts the camp environment and programs
- **I promise to have lots of fun!**

It is Camp California's philosophy to encourage campers and staff to make new friends while at camp. In placing campers in cabin groups we do our best to mix campers from different countries and schools to encourage making new friends while at camp.

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's signature: \_\_\_\_\_

Session: \_\_\_\_\_



# Activity Selection Form Resident Camp

First Name: \_\_\_\_\_

**OFFICE USE ONLY** Cabin: \_\_\_\_\_

Family Name: \_\_\_\_\_

On the first Monday at camp, you will begin taking part in six activity periods each day from Monday through Friday. Starting at 9:15 am you will begin your first period activity. There are 3 activity periods in the morning followed by lunch and then a rest hour. Another 3 activity periods will complete your afternoon.

In order to assign you to the correct activities we need you to complete the activity selection sheet below. This must be returned with your application form. If you do not understand some of the activities, please check the website or contact the camp office for more details. Please remember that not every activity is offered every week, as it depends on demand and staffing.

### Sports

- Archery
- Baseball
- Basketball
- Cricket
- Fencing
- Field Hockey
- Gymnastics
- Random Games
- Self Defense / Martial Arts
- Soccer
- Team Handball
- Tennis
- Touch Rugby
- Volleyball

### Water Front

- Fishing
- Kayaking
- Sailing
- Snorkeling
- Water Park / Leisure Swim
- Water Polo
- Windsurfing

### Adventure

- Climbing
- High Ropes/Adrenalin Park
- Mountain Biking
- Outdoor Cooking

### Creative Arts

- Arts & Crafts
- Camp Cal News
- Camp California Band
- Ceramics / Pottery
- Dance
- Digital Photography
- Drama
- Video Production
- Woodworking

**Camp Cal News** - Camp California newspaper. If you like to write, interview and get the gossip then you'll love working for the Camp Cal News. Each day you put together the paper and pictures that will go up on the website.

**Random Games** - Play Table tennis, Football, Tetherball and other activities.

**Camp California Band** - Would you like to learn how to play a musical instrument (acoustic, electric or base guitar, bongo)? This class is for beginners and those who already know how to play.

In the space provided below please select 10 activities you will enjoy taking. Choice number 1 should be the activity you most want to take at camp this week. Next is two, then three, etc. We will do our best to make sure you get your top six activities, but cannot guarantee them. Please be sure to pick 10 activities and do not write the same activity twice.

### Choices

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_



# List of Clothing & Articles to Bring to Resident Camp

Please send this completed Clothing List with your child to camp. A list consisting of everything brought to camp is mandatory. Camp California is NOT responsible for expensive clothing of any kind. Please remember that this is camp; send well-used towels and clothing.

Please label all clothing and personal articles, toothbrushes, cameras, etc. Each item of clothing should be marked with your child's name.

Child's name \_\_\_\_\_ Session \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Cabin \_\_\_\_\_

Sent	Needed	Article
_____	2	Jeans / long pants
_____	12	Cotton t-shirts
_____	2	Camp California t-shirts
_____	1	Sweat shirt
_____	1	Camp California sweat shirt
_____	4	Shorts
_____	14 pairs	Underwear
_____	14 pairs	Socks (at least)
_____	2	Swim suits
_____	1	Long sleeve cotton t-shirt
_____	1 pair	Pajamas
_____	1	Rain jacket
_____	1	Belt
_____	1 pair	Sneakers (tennis, basketball or running shoes)
_____	1 pair	Sandals / flip-flops
_____	1 pair	Water shoes (mandatory)
_____	1	White t-shirt for tie dye
_____	1	Hat / baseball cap
_____		Soap and shampoo
_____		Sunscreen
_____	2	Washcloths
_____	1	Toothbrush and paste
_____	1	Comb or hair brush
_____	2	Bath towel
_____	1	Sleeping bag
_____	1	Pillow case
_____	1	Flashlight
_____	1	Water bottle
_____	1	Bug spray
_____	1	Reading book
_____	1	Day pack



# Child's Health History Form

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. AUTHORIZATION

FOR TREATMENT: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named below. The completed form may be photocopied for trips out of camp. **Please return this form to the CCUSA office in your home country by May 1st, or fax it directly to the camp office at least 2 weeks prior to your child's start date.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Session: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex:  Male  Female  
Last First

## HEALTH HISTORY

List any surgeries, serious injuries, or fractures (include dates and current status): \_\_\_\_\_

Attention Deficit Disorder or behavioral problems \_\_\_\_\_

Has the child ever been under a professional's care for emotional, psychological or learning difficulties?  Yes  No If yes, when and please describe \_\_\_\_\_

Check all that apply and give approximate date of:

Illness	Date	Diseases	Date	Allergies
<input type="checkbox"/> Frequent ear infections	_____	<input type="checkbox"/> Measles	_____	<input type="checkbox"/> Poison ivy / oak
<input type="checkbox"/> Heart defect / disease	_____	<input type="checkbox"/> Chicken pox	_____	<input type="checkbox"/> Insect stings
<input type="checkbox"/> Convulsions / seizures	_____	<input type="checkbox"/> German measles	_____	<input type="checkbox"/> Hay fever
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Bleeding disorders	_____	<input type="checkbox"/> Tuberculosis	_____	<input type="checkbox"/> Other drugs
<input type="checkbox"/> Hypertension	_____	<input type="checkbox"/> Hepatitis	_____	<input type="checkbox"/> Asthma
<input type="checkbox"/> Mononucleosis	_____	<input type="checkbox"/> Bronchitis	_____	<input type="checkbox"/> Food (specify below)
<input type="checkbox"/> Sinus trouble	_____			_____
<input type="checkbox"/> Migraine headaches	_____			_____

Name of dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone # \_\_\_\_\_

### FEMALE CAMPERS:

Has child menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

## MEDICATIONS BEING TAKEN—PARENT COMPLETE THIS SECTION

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely. The child should bring enough medication to last the entire time at camp. Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration in English. All medications will be stored in the camp medical facility.

- Child takes NO medications on a routine basis.  Child takes medications as follows:
- Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_
- Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_
- Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Attach additional sheet for more medications.

**IMMUNIZATION HISTORY**

Please record the approximate month and year of immunizations.

Vaccines	Date of 1st immunization	Date of last immunization
DPT series (Diphtheria, Pertussis, Tetanus)	_____	_____
Polio*	_____	_____
MMR (Mumps, Measles, Rubella)	_____	_____
TB skin test	_____	_____
Tetanus Booster	_____	_____
Typhoid	_____	_____
Hepatitis B	_____	_____
Tetanus	_____	_____
Small Pox	_____	_____

**RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP**

Any treatment to be continued at camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: Penicillin?  Yes  No    Bee Stings?  Yes  No    Poison Oak?  Yes  No    Other  Yes  No

If other, please explain \_\_\_\_\_

Additional Health Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any special dietary requirements? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR CAMP INFIRMARY USE ONLY**

Camp Nurse's Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_